

## Summary of DRAFT Texas DSRIP DY7-8 Requirements

	RHP Plan Update	DY7-8 (October 1, 2017 - September 30, 2019)		
Category A - Required reporting to be eligible for payment of Categories B-D.				
0% of Total Valuation	Describe transition from DY2-6 to DY7-8 activities including new activities	DY7 - reported during DY7 Round 2 DY8 - reported during DY8 Round 2		
		<ul style="list-style-type: none"><li>• <b>Core Activities</b> - Report on progress and updates to core activities</li><li>• <b>Alternative Payment Methodology (APM)</b> - Report on progress toward or implementation of APM arrangements</li><li>• <b>Costs and Savings</b> - Submit costs of core activities and forecasted/generated savings</li><li>• <b>Collaborative Activities</b> - Attend at least one learning collaborative, stakeholder forum, or other stakeholder meeting</li></ul>		
Category B - Medicaid and Low-Income or Uninsured (MLIU) Patient Population by Provider (PPP)				
10% of Total Valuation	Submit baseline total number of individuals and MLIU individuals served by the Performing Provider system (based on DY5-6 averages)	DY7 - reported during DY8 Round 1 (no carryforward option) DY8 - reported during DY9 Round 1 (no carryforward option)		
		<ul style="list-style-type: none"><li>• Maintain number of MLIU individuals served within allowable variation based on size and type of Performing Provider</li><li>• Maintain ratio of MLIU individuals served to total individuals served within allowable variation based on size and type of Performing Provider</li><li>• Partial achievement available for both the number of MLIU individuals served and the ratio of MLIU individuals served to total individuals served based on allowable variation, paid at 100%, 90%, 75%, 50%, or 0% of milestone value</li></ul>		
Category C - Measure Bundles				
80 or 85% of Total Valuation	Selection of Measure Bundles. <ul style="list-style-type: none"><li>• Measure Bundles valued proportionally based on point value of selected Measure Bundles.</li><li>• Each measure within a Measure Bundle is valued equally.</li></ul>		DY7	DY8
		Measurement Period	P4P Baseline: Calendar Year (CY) 2017 P4P Performance Year (PY) 1: CY 2018 P4R Reporting Year (RY) 1: DY7	P4P PY2: CY 2019 P4R RY2: DY8
		P4P Measure	25% baseline reporting milestone - may be reported during DY7 Round 1 or DY7 Round 2 25% PY1 reporting milestone & 50% PY1 goal achievement milestone - may be reported during DY8 Round 1 or DY8 Round 2	25% PY2 reporting milestone & 75% PY2 goal achievement milestone - may be reported during DY9 Round 1 or DY9 Round 2
		P4R Measure	100% RY1 reporting milestone - may be reported during DY7 Round 2, DY8 Round 1, or DY8 Round 2	100% RY2 reporting milestone - may be reported during DY8 Round 2, DY9 Round 1, or DY9 Round 2

Reporting Periods: DY7 Round 1 - Apr 2018; DY7 Round 2 - Oct 2018; DY8 Round 1 - Apr 2019; DY8 Round 2 - Oct 2019; DY9 Round 1 - Apr 2020; DY9 Round 2 - Oct 2020

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	<b>Hospitals and physician practices</b> - must select Measure Bundles to meet or exceed the Minimum Point Threshold. HHSC assigns each hospital or physician practice a Minimum Point Threshold based on: <ul style="list-style-type: none"><li>• DY7 valuation</li><li>• Standard point valuation</li><li>• Threshold cap</li><li>• DY6 valuation</li><li>• Medicaid and uninsured charges</li><li>• Medicaid and uninsured inpatient days (hospitals only)</li><li>• Uncompensated Care (UC) Pool payments</li><li>• Disproportionate Share Hospital (DSH) payments (hospitals only)</li></ul> <b>Community Mental Health Centers (CMHCs)</b> - minimum requirements TBD  <b>Local Health Departments (LHDs)</b> - minimum requirements TBD		<b>DY7</b>	<b>DY8</b>
		<b>Goals - Quality Improvement System for Managed Care (QISMC)</b> Baseline below MPL	Minimum Performance Level (MPL)	10% gap closure between the MPL and High Performance Level (HPL)
		<b>Goals - QISMC</b> Baseline between MPL and HPL	The greater absolute value of improvement between: 10% gap closure towards HPL, or baseline plus (minus) 5% of the difference between the HPL and MPL, not to exceed the HPL	The greater absolute value of improvement between: 20% gap closure towards HPL, or baseline plus (minus) 10% of the difference between the HPL and MPL, not to exceed the HPL
		<b>Goals - QISMC</b> Baseline above HPL	HPL	HPL
		<b>Goals - Improvement over Self (IOS)</b>	5% gap closure	10% gap closure
		Denominator population includes all individuals served by the Performing Provider system (facility, co-morbid condition, age, gender, and race/ethnicity subsets are not allowed)		
		<ul style="list-style-type: none"><li>• P4P measure goal achievement milestones - achievement of MLIU rate (with some exceptions due to data limitations or small volume)</li><li>• P4R and P4P measure reporting milestones - required reporting of All-Payer, Medicaid, and LIU payer types (with some exceptions due to data limitations)</li></ul>		
		Partial achievement available for P4P goal achievement milestones, paid at 100%, 75%, 50%, 25%, or 0% of milestone value. <ul style="list-style-type: none"><li>• DY7 partial achievement = (PY1 Achieved - Baseline)/(PY1 Goal - Baseline)</li><li>• DY8 partial achievement = (PY2 Achieved - Baseline)/(PY2 Goal - Baseline)</li></ul>		
<b>Category D - Statewide Reporting Measure Bundle</b>				
5 or 10% of Total Valuation	NA	<b>DY7</b> - reported during DY7 Round 1 or 2, depending on the measure (no carryforward option)		
		<b>DY8</b> - reported during DY8 Round 1 or 2, depending on the measure (no carryforward option)		
Report on the Statewide Reporting Measure Bundle according to Performing Provider type				
<b>UC only Hospital Requirements</b>		<b>Private Hospital Participation Incentive</b>		<b>Plan Modifications</b>
<ul style="list-style-type: none"><li>• Participate in 1 learning collaborative</li><li>• Report on mandatory Category D reporting domains</li></ul>		If a region maintains its private hospital participation in the RHP Plan Update, each Performing Provider in the region may shift 5% of their total valuation from Category C to Category D. <ul style="list-style-type: none"><li>• A 3% decrease may be allowed in each region.</li></ul>		<ul style="list-style-type: none"><li>• Changes to Measure Bundle selection due 2/28/18.</li><li>• Other changes to Measure Bundles and MLIU PPP due 90 days prior to the next reporting period.</li></ul>

Reporting Periods: DY7 Round 1 - Apr 2018; DY7 Round 2 - Oct 2018; DY8 Round 1 - Apr 2019; DY8 Round 2 - Oct 2019; DY9 Round 1 - Apr 2020; DY9 Round 2 - Oct 2020